



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

November 2, 2006

Amanda Olsen, Administrator
Aspen Grove Assisted Living - Bellevue
314 South 7th Street
Bellevue, ID 83313

License #: RC-498

Dear Ms. Olsen:

On September 6, 2006, a life safety code survey was conducted at Aspen Grove Assisted Living - Bellevue. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

CHRIS LAUMANN
Team Leader
Health Facility Surveyor
Facility Fire, Life Safety, and Construction Program

CL/slc

c: Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program



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September 13, 2006

Amanda Olsen, Administrator
Aspen Grove Assisted Living - Bellevue
314 South 7th Street
Bellevue, ID 83313

FILE COPY

Dear Ms. Olsen:

On September 6, 2006, a life safety code survey was conducted at Aspen Grove Assisted Living - Bellevue. The facility was found to be providing a safe environment for its residents.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R498	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 09/06/2006
NAME OF PROVIDER OR SUPPLIER ASPEN GROVE ASSISTED LIVING - BELLEVUE			STREET ADDRESS, CITY, STATE, ZIP CODE 314 SOUTH 7TH STREET BELLEVUE, ID 83313		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on Sept 6, 2006. The surveyors conducting the survey were:</p> <p>Eric Mundell Team Leader Health Facility Surveyor</p> <p>Chris Laumann Fire/ Life Safety Surveyor</p>	R 000			



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Aspen Grove Assisted living/Bellvue	Physical Address 314 S. 7th St.	Phone Number (208) 788 9698
Administrator Amanda Olsen	City Bellevue	ZIP Code 83313
Survey Team Leader Chris Laumann	Survey Type Fire/ Life Safety	Survey Date 6 Sept 2006

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.405.02	Fire Alarm Smoke Detection System: Room adjacent to office has no smoke detector. This room was a former office converted into staff sleeping quarters.	delay 10/10/06 ^{CO1}
2	16.03.22.405.01.B	Electrical: Multi plug adapters were found in same staff sleeping quarters mentioned above. Also one was found in room 1. An extension chord was found in room 7 behind bed.	9/16/06 7:30pm ^{CO1}
3	16.03.22.403.01	Egress Ramp evacuation: The door knobs to rooms 6 and 8 had been reversed so to prevent residents from locking themselves in room. Residents could be locked in with no way out.	9/16/06 7:50pm ^{CO1}
4	16.03.22.403.01	Water temperature: During test of water temperature in laundry room, the thermometer reported the water at a temperature of 135.3° F.	9/16/06 7:50pm ^{CO1}

RECEIVED
OCT 13 2006

FACILITY STANDARDS

Response Required Date

6 Oct 2006

Signature of Facility Representative

M. Murphy